Robert S. Koppel 8300 Greensboro Dr. Suite 1200 Tysons, VA 22102

NOT ADMITTED IN VA bkoppel@fcclaw.com (703) 584-8669 www.fcclaw.com



June 28, 2017

## **VIA ECFS**

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W., Room TW-A306 Washington, D.C. 20554

Re: FCC Form 481 – Carrier Annual Report due July 3, 2017

SI Wireless, LLC d/b/a MobileNation (SAC 299025)

**WC Docket No. 14 - 58** 

Dear Secretary Dortch:

SI Wireless, LLC d/b/a MobileNation (SAC 299025 in Tennessee), by its counsel, hereby submits its FCC Form 481 pursuant to Section 54.422 of the Commission's Rules.

Please contact the undersigned if you have any questions.

Sincerely,

Todd B. Lantor Robert S. Koppel

Robert S. Koppel

Attorneys for: SI Wireless, LLC

**Enclosure** 

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		ECC Form 481 OMB Control No. 3069-0988/OMB Control No. 3060-0919 July 2013
<010>	Study Area Code	299025	
<015>	Study Area Name	MobileNation	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jason Narrell	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4052098094 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jnarrell@mymobilenation.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299025
<015>	Study Area Name	MobileNation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com
<210>	For the prior calendar year, were there any reportable voice service or	utages?No

<220>

>	For the prio	r calendar yea	ar, were there	any reportat	ole voice serv	ice outages?	No					
>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

	fulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299025	
<015>	Study Area Name	MobileNation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com	
<300> U	Infulfilled service request (voice)		
<310> [	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	e of Attached Document	
<330>	Detail on attempts (broadband)	Jame of Attached Document	8

V	
(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0988/OMB Control No. 3060-0819
TOTAL STREET, STATE OF THE STAT	July 2013

<010>	Study Area Code 299325
<015>	Study Area Name Hobitelifation
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line
<039>	Contact Email Address - Email Address of person identified in data line  <030>  jnarrell@mymobilenation.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice 0.0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband
<450>	Complaints per 1000 customers for mobile broadband

Processor and	npliance With Service Quality Standards and Consumer Protection Rules lection Form		TOO FORM X 80. CAME CONTROL NO. 2090 COSE/0946 CONTROL NO. 1785 F 312 UL VIII.3
<010>	Study Area Code	299025	
<015>	Study Area Name	MobileNation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Janum Marrell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098099 ext.	
<039>	Contact Email Address - Email Address of person Identified in data line <030>	jnarrell@mymobilenation.com	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	iles Compilance	
<515>	Certify compliance with applicable minimum service standards	Yes	

(600) Functionality in Emergency Situations	.F60.Form 481
Data Collection Form	CMB Control No. 9000-0926 GMF Control No. 3059 0919
	July 2013

<010>	Study Area Code	299725
<015>	Study Area Name	MobileNation
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Jason Harrell
<035>	Contact Telephone Number - Number of person Identified in data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality In Emergency Situations	299025tn610 (2015).pdf

	rice Offerings including Voice Rate Data ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299025	
<015>	Study Area Name	MobileNation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell	
<035>	Contact Telephone Number - Number of person identified in data	ine <030>	
<039>	Contact Email Address - Email Address of person identified in data	line <030> jnarrell@mymobilenation.com	
<701> <702>	Residential Local Service Charge Effective Date  1/1/2017 Single State-wide Residential Local Service Charge		

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
State		SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge		Mandatory Extended Area Service Charge	Total per line Rates and Fe
							·	
							<u> </u>	

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 2	99025
<015>	Study Area Name	MobileNation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com

<a1></a1>	<a2></a2>	   	<b2></b2>	<b>&lt;</b> 0	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select
		-						
				-				
		Ti Ti						

(800) Operating Companies	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
	July 2013	

<010>	Study Area Code		299025
<015>	Study Area Name		MobileNation
<020>	Program Year		2018
<030>	Contact Name - Person	USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	4052098094 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jnarrell@mymobilenation.com
<810>	Reporting Carrier	SI Wireless, LLC d/b/a MobileNation	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	SI Wireless, LLC	

<813>	<al></al>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
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7			
8			
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7:			

IE Control No. 3060-0819

and the same of the	oice and Broadband Service Rate Comparability lection Form	FCC Form 481 .  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299025
<015>	Study Area Name	MobileNation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com
<1000> <1010>	Attach detailed description for voice services rate	
	comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 30 July 2013	
<010>	Study Area Code	299025	
<015>	Study Area Name	MobileNation	
<020>	Program Year  Contact Name - Person USAC should contact regarding this data	Jason Narrell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
		nere de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la com
<010>	Study Area Code	299025
<015>	Study Area Name	MobileNation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030:	jnarrell@mymobilenation.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	ttps://www.mobilenationlifeline.com/
or the we	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,  Details on the number of minutes provided as part of the plan,	

(2005) Price Cap Carrier Additional Documentation  Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	State Control of the		
<010>	Study Area Code	299025	
<015>	Study Area Name	MobileNation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the		
	July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of		
	acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives	·	
	Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4  Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of		
	capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
	year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year	Name of Attached Document Listing	
-2025 A	three - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and	Required Information	
	Order, FCC 13-73, paragraph 35 (May 22, 2013).		,
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection F	Carrier Additional Documentation Form Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013		
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

						Page 16
(3005) Rate C Data Collection	of Return Carrier Additional Documentation on Form			1853	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code		200005			
			299025	2+102		_
<015>	Study Area Name		MobileNa 2018	ation		-
<020>	Program Year	ata				—
<030>	Contact Name - Person USAC should contact regarding this d		Jason Na			_
<035>	Contact Telephone Number - Number of person identified in	data line <030>	40520980			
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	jnarrel.	l@mymobi	lenation.com	
inancial re	n the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f)( selow is accurate.	note complianc 2). I further ceri	e with 54.313(f tify that the info	)(1). Privately ormation repo	held carriers must ensure compliance with th rted on this form and in the documents	e
3009)	Progress Report on 5 Year Plan Carrier certifles to 54.313(f)(1)(iii)					
3010A)	Certification of Public Interest Obligations {47 CFR §					_
3010B)	54,313(f)(1)(i)) Please Provide Attachment	Name of Attach	ned Document Lis	iting Required		
012A)	Community Anchor Institutions {47 CFR §					
012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attach	ned Document Lis	sting Required		
		Information (Yes/No)	$\cap$	0		
013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(163/110)	$\sim$	$\tilde{\circ}$		
014)	If yes, does your company file the RUS annual report	(Yes/No)	O			
3015) 3016)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required Information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows					
3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attach Information	ned Document Lis	sting Required		
3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the	(Yes/I	No) O	0		
3019)	boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS					
3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows					
3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the					
3022)	boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for					
3023)	Telecommunications Borrowers Underlying information subjected to a review by an independent certified public accountant					
3024)	Underlying information subjected to an officer certification.					
3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows					

Name of Attached Document Listing Required

Information

Attach the worksheet listing required information

(3026)

(3005) Rate Of Return Carrier Additional Documentation (Continued)	ECC Fram 402
Data Collection Form	CIMB Control No. 30 cl PURSO/OME Control No. 306449219
	July 2013

<010>	Study Area Code	299025
<015>	Study Area Name	MobileNation
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Jason Narrell
	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	inarrell@mymobilenation.com

First sial Data Commons	<u> </u>
Financial Data Summary	
(3027) Revenue	
(5027)	
(3028) Operating Expenses	
(5525) 5 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(2020) Net Income	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3030) releptione Flant in Service(1113)	
(3031) Total Assets	
(3031) Total Assets	
(3032) Total Debt	
(3032) Total Debt	
(3033) Total Equity	
(5555) 1512: -42:5)	
(3034) Dividends	
,	

<010>	Study Area Code	299023	
<015>	Study Area Name	MonileNation	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jason Marrall	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	
<039>	Contact Emall Address - Email Address of person identified in data I	ine <030> jnarrell@mymobilenation.com	

### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

## Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

### Community Anchor Institutions - FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

#### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FEG Form 491 GM3 Control No. 3050-0955/GM6 Control No. 3050-0213
Data Collection Form	p3/V 2013

<010>	Study Area Code	299025
<015>	Study Area Name	MobileNation
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified In data line <030>	4052098094 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: MobileNation Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: jason Narrell Title or position of Authorized Officer: 4052098094 ext. Study Area Code of Reporting Carrier: 299025 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

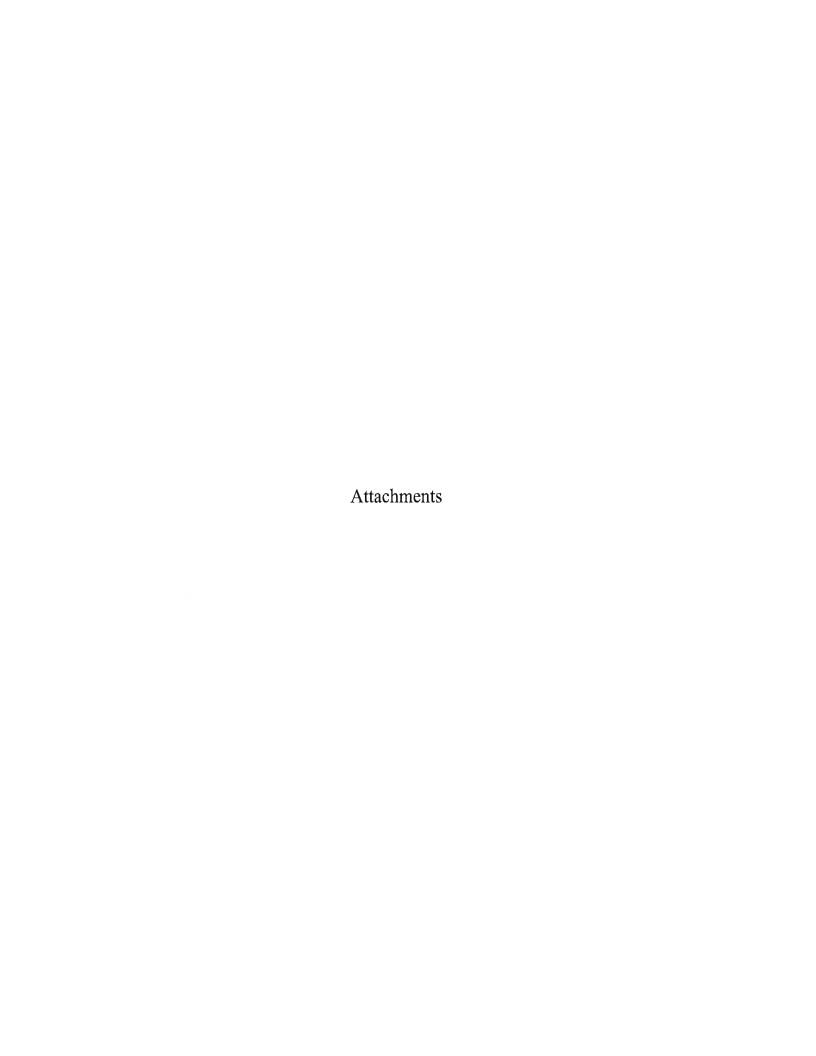
Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	
<010>	Study Area Code	299025		
<015>	Study Area Name	MobileNation		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052098094 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenati	on.com	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier.  also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer: ex				
relephone number of Authorized Officer.				

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
	l am authorized to submit the annual reports for universal serviced by the reporting carrier; and, to the best of my knowledge, the	e support recipients on behalf of the reporting carrier; I have provided information reported herein is accurate.		
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Ag	ent:	Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employe	e of Agent			
Telephone number of Authorized Agent or Emple	oyee of Agent: ext.			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements o	n this form can be punished by fine or forfeiture under the Communication 18 of the United States Code, 18 U.S.C. § 1	ons Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 001.		



# SI Wireless, LLC

# Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations." Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)" in connection with their provision of voice and broadband services.

SI Wireless, LLC ("SI Wireless") herby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice and broadband services.

SI Wireless has deployed sufficient power generators throughout its network and also has the capability to deploy temporary microwave facilities quickly to the extent necessary for its network to remain functional during emergencies. These generators and microwave facilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) SI Wireless will be able to reroute traffic around damaged facilities; and (3) SI Wireless will be capable of managing spikes in traffic resulting from emergency situations.

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. § 54.202(a).

<sup>&</sup>lt;sup>2</sup> 47 C.F.R. § 54.313(a)(6).